1	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								SERIAL NO. APPLICANT(S)				FILING DATE		
	CLA							L							
	AS FILED		AFT	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		Γ	ŀ		F		<u> </u>		
	IHÓ	DEP	DND	DEP	· MD	DEP	1		 	,				_	
1	11		1			1	1 1		IND	OEP	MD	DEP	IND	L	
2		11				 	1 1	51	 					\perp	
3		17	1					52						L	
4		1	1				ŀ	53							
5		1, 1	1				ŀ	54						L	
6		1					ŀ	55						L	
7		1					· -	56							
8	• • • • • • • • • • • • • • • • • • • •						H	57							
9		1						58							
10							1	59			<u></u>		I		
11		1					⊢	60	 -				I		
12		 				 		61	+				I		
13		- 					. -	62							
14		7 1					 -	63 64						_	
15							-	65							
16								66							
17							 _	67	 -					_	
18								68		 - -					
19								69							
20								70							
21								71		-+					
22								72			- 				
23]		73			- -				
24								74							
25					_			75						_	
26			·				<u> </u>	76							
27	 -	-+	+					77							
28								78							
30.								79		_					
31	 -					——————————————————————————————————————		80					$-\bot$		
32					-+			81		-					
33	-+							82				$-\!\!\perp$			
34							<u> </u>	83							
35			-+		 			84							
36					 -			85 86				-			
37				-:1-	 -		1	37							
38			-					38		 					
39								19	` 		-		- 		
10								10		-	- 				
11								1							
2								2					-+-		
13							9			-+-					
4							9.	-							
5	- -						9:								
6															
7							90								
.	_ -				-+-		97								
9	` -	-+					96	-							
0							99								
							10	0							
IND,				Ŀ			TOTAL	IND.	1.1		1				
1	4	'	4		ل	•	TOTAL		_	ļ	-				
					100000000		DEP.					- 1	-Q		